

June.—Has broken one of his hyperbolic lenses and wishes it replaced. The vision with the convex cylinders is very nearly as when they were first prescribed in 1875.

CASE II.—1882, March 18.—Miss —, aged *circa* twenty years, has pronounced conical cornea of each eye; 'no opacity at apex noticed.

I advised, R. — 6.0 cyl. axis 15° . Vision of R. hardly greater than $\frac{1}{2}$, L. + 2. sph. \ominus — 4.0 cyl. axis 135° with vision nearly $\frac{1}{2}$.

April 5.—Glasses obtained are as prescribed, and the L. has with its glass $\frac{1}{2}$ +.

1884, February 1.—L. with hyperbolic lens 1. A. has $\frac{1}{2}$ +. 1. A. is better than 2. A. and than 0.5 A.; 1. A. is better than 0.5 B. and a little better than 1. B.

L. likes 1. A. better than the spherico-cyl. of March, 1882.

February 2.—R. with 2. A. has $\frac{1}{2}$. Both together, R. 2. A., L. 1. A., have about $\frac{1}{2}$. With the spherico-cyls. of 1882 patient has $\frac{1}{2}$.

April 16.—With the glasses imported has vision very nearly as with my test-glasses; has with both eyes together, and also each separately, vision $\frac{1}{2}$, the vision depending however on the position of the glass before the eye.

This circumstance as regards the position of the glass was noticed by the other patient, who however considered the glasses as useful.

A CASE OF MYXÆDEMA WITH ATROPHY OF THE OPTIC NERVES.

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It is only quite recently that the disease known as myxædema has excited much attention; its pathology, beyond the fact that there is a deposit of mucine in the subcutaneous tissues, is still unknown; and even the symptoms observed in the cases reported have presented in some respects con-

siderable variations. Although symptoms pointing to disturbance of the cerebral nervous system have occurred in some cases, no affection of the eyes, in particular of the optic nerves, has, so far as I am aware, been described. It may therefore be of interest to put on record the following case, in which there was atrophy of the optici. It may well be that the optic atrophy was only coincident, and had no direct connection with the myxœdema. Yet primary atrophy, as this evidently was, when it affects both eyes, is of comparatively seldom occurrence as an independent lesion.

Mrs. C., aged forty-two, a large, strongly built woman, applied to me at the Boston City Hospital, June 27, 1884, because of failure of sight. She was in fairly comfortable circumstances, and since an attack of measles, when fourteen years of age, had never been sick. She had been married twelve or fifteen years, but never been pregnant. Her catamenia had been regular till three years ago, when they ceased.

Some seven years ago her fingers and hands, and two or three years later her feet and the lower part of her face, lips, nose, and eyelids began to increase in size. The enlargement gradually became greater, and for a long time she had been obliged to have her boots made for her, being unable to find any large enough. Her speech became somewhat thick and slow, and her movements slower than formerly. Except for an occasional feeling of numbness in the parts affected, and of burning in the feet and legs, there had been no special discomfort. Of late, however, she had experienced slight dyspnoea on active exertion. Failure of sight was first noticed a year and a half ago, and had continually progressed. Careful enquiry both of her and her husband failed to elicit any history of pains anywhere. She had never had headache. There had been no failure of intelligence or memory. Her appetite was good, bowels somewhat sluggish, micturition normal. She slept heavily.

The lower part of the face was full, heavy, of waxen hue, the natural folds obliterated; the lips full; the nose large, its alæ broad and thick; the eyelids baggy. The hands and

fingers were large and square, the thickening being most pronounced on the palmar surface, where the tissues could be pinched up in thick folds and gave the feeling as of an excessive development of subcutaneous fat. The feet were very large and broad, the swelling not extending above the ankles, and, although there were large varicose veins of the right leg, there was no pitting here or elsewhere. The tongue was large and rather pale. The skin was not dry to the touch, but she stated that she never perspired. The thyroid was of normal size. Auscultation revealed nothing abnormal in heart or lungs. Temperature and pulse were normal. The patellar-tendon reflex was present. There was no anæsthesia of the skin. The urine was normal in every respect.

Examination showed the conjunctiva, cornea, and iris to be normal in both eyes. Movements good. R. only perception of light. L. V. = $\frac{2}{3}$; F. contracted in all directions, but to much greater degree upward and outward. Media clear. In both eyes the discs were sharply defined, gray with slight bluish tinge, without vascularity; the central vessels, both arteries and veins, small; in other respects the fundus normal.¹

DISCUSSION.

DR. LITTLE.—Have you looked for the condition in other cases? I have examined the eyes in seven or eight cases, but have found no changes.

DR. WADSWORTH.—I have looked for it, but have not found it.

¹ Some weeks later the patient was admitted to the hospital, in the nervous and renal department, and remained for about a month. During this time her general condition remained the same, but the vision of the left eye varied somewhat; on September 9, it was recorded as twenty-seventieths, but when I saw her last, at the end of September, and a fortnight after she had left the hospital, it was twenty-fortieths to twenty-fiftieths. No farther symptoms had developed.